

Received &amp; Inspected

JUL 02 2014

FCC Mail Room



Austin, TX  
 5929 Balcones Drive, Suite 200  
 Austin, TX 78731-4280  
 Phone: 512.343.2544  
 Fax: 512.343.0119

REDACTED - FOR PUBLIC INSPECTION

**VIA OVERNIGHT MAIL**

July 1, 2014

Marlene H. Dortch, Secretary  
 Federal Communications Commission  
 Office of the Secretary  
 445 12<sup>th</sup> Street, S.W.  
 Washington, D.C. 20554

RE: **REQUEST FOR CONFIDENTIAL TREATMENT** - *Connect America Fund*, WC Docket No. 10-90;  
*Lifeline and Link Up Reform and Modernization*, WC Docket No. 11-42

Request that Information Submitted to the Commission be Withheld from Public Inspection  
 Pursuant to 47 C.F.R. §0.459 and 5 U.S.C. §552(b)(4): Service Outage reporting included in  
 FCC Form 481

Dear Ms. Dortch:

In accordance with the annual reporting requirements of 47 C.F.R. §§54.313 and 54.422, Cumby Telephone Cooperative, Inc. (the Cooperative), Study Area Code 449004, is submitting a completed FCC Form 481 to the Commission via its Electronic Comment Filing System (ECFS) in WC Docket Nos. 10-90 and 11-42. The Cooperative, by its authorized representative, hereby requests confidential treatment of information provided in the Service Outage Reporting (Voice) section of its FCC Form 481. The request for confidential treatment of the service outage reporting is being made pursuant to Section 0.459 of the Commission's rules and Exemption 4 of the Freedom of Information Act (FOIA). This attachment contains competitively sensitive data that Cumby Telephone Cooperative, Inc. maintains as confidential and does not normally make available to the public. Release of this information would have a substantial negative impact on the Cooperative.

**Service Outage Reporting (Voice)**

Pursuant to Section 0.459 of the Commission's rules and Exemption 4 of FOIA, Cumby Telephone Cooperative, Inc. requests that the data extracted from its Service Outage Reporting (Voice) be withheld from public inspection because it contains competitively sensitive commercial information that the Cooperative keeps confidential. Public availability of this information would have a substantial negative impact on the Cooperative.

In accordance with Section 0.459 of the Commission's rules, the following information is provided in support of this request:

- (1) Identification of the specific information for which confidential treatment is sought:

No. of Copies rec'd 0+1  
 List ABCDE

Ms. Marlene Dortch  
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Attachment to Line 200 of FCC Form 481 – Service Outage Reporting (Voice). Confidential treatment is sought for all information pertaining to network outages in the Service Outage Report specifically related to the Company's access line counts.

- (2) Identification of the Commission proceeding in which the information was submitted or a description of the circumstances giving rise to the submission:

The information was submitted in WC Docket Nos. 10-90 and 11-42 as an attachment to FCC Form 481- the Carrier Annual Reporting Data Collection Form. Section 200 requires eligible telecommunications carriers to report outage information of at least 30 minutes in duration for each service area pursuant to 47 C.F.R. §54.313(a)(2).

- (3) Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged:

The service outage information contains access line information which could cause harm to the competitive position of the Cooperative. Required information contains closely guarded, privileged information that the Cooperative does not make publicly available.

- (4) Explanation of the degree to which the information concerns a service that is subject to competition:

Voice service is subject to increasing competition in the areas served by rural, rate-of-return incumbent local exchange carriers (RLECs). Virtually all RLECs face competition from one or more wireless providers. Most RLECs also face competition from at least one other wireline voice provider such as a larger cable company, who will typically seek to "cherry pick" the lower cost portions of the study area. In addition, all RLECs face competition throughout their territories from satellite providers.

- (5) Explanation of how disclosure of the information could result in substantial competitive harm:

Disclosure of the information contained in the outage reporting would provide competitors with detailed information regarding the Cooperative's access line count. This would give competitors confidential information which could bring substantial competitive harm to the Cooperative.

- (6) Identification of any measures taken by the submitting party to prevent unauthorized disclosure:

The Cooperative has continually treated access line counts such as those provided in the service outage reporting as confidential and carefully controls the information to protect it from competitors. Access to the information is limited to employees that require it and to non-employees with confidentiality obligations such as lenders, consultants, auditors, and attorneys. In addition, when such information is required to be submitted to a state regulatory authority it has been filed as confidential information, not available to the public.

- (7) Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties:

- (8) The redacted information in the service outage reporting is not available to the public, and third party access is limited as described in (6) above.

Ms. Marlene Dortch  
July 1, 2014  
Page 3

- (9) Justification of the period during which the submitting party asserts that material should not be available for public disclosure:

The Cooperative requests that the extracted information from the service outage submission be withheld from public inspection indefinitely due to the ongoing competitive harm it may cause.

- (10) Any other information that the party seeking confidential information treatment believes may be useful in assessing whether its request for confidentiality should be granted:

Exemption 4 of FOIA shields from public disclosure commercial or financial information obtained from a person that is privileged or confidential. Based on the responses provided above, the information in question satisfies this test.

The page containing the Service Outage reporting confidential submission bears the legend, "CONFIDENTIAL - NOT FOR PUBLIC DISCLOSURE."

Two copies of the Form 481 filing in redacted form and an accompanying cover letter are also being provided with the confidential filing. The redacted filing and accompanying cover letter is marked "REDACTED - FOR PUBLIC INSPECTION."

Two copies of this cover letter and the Form 481 filing with the confidential information are also being delivered to Mr. Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau.

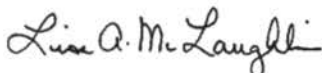
The confidential information has also been submitted to the Universal Service Administrative Company through its E-File system as an attachment to the FCC Form 481.

This cover letter includes no confidential information and the text is the same in both the non-redacted and redacted versions except for the confidentiality markings.

A copy of the FCC Form 481 is also being submitted to the state regulatory commission pursuant to §§ 54.313(i) and 54.422(c).

Please contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script, reading "Lisa A. McLaughlin".

Lisa A. McLaughlin  
Authorized Representative for  
Cumby Telephone Cooperative, Inc.

LAM/pjf

Enclosures

cc: Mr. Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau,  
Federal Communications Commission, (2 hardcopies of non-redacted submission)  
Ms. Karen Zimmerman, Cumby Telephone Cooperative, Inc.

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0086/OMB Control No. 3060-0819  
 July 2013

<010> Study Area Code	449004
<015> Study Area Name	CUMBY TEL COOP INC
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Esther Stonaker
<035> Contact Telephone Number: Number of the person identified in data line <030>	9039942211 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	stonaker@cumbytel.com

Received &amp; Inspected

JUL 02 2014

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**ANNUAL REPORTING FOR ALL CARRIERS**

54.313 Completion Required	54.422 Completion Required
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<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 449004tx510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 449004tx610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> 449004tx1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>			
<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	449004
<015>	Study Area Name	CUMBY TEL COOP INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Esther Stonaker
<035>	Contact Telephone Number - Number of person identified in data line <030>	9039942211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stonaker@cumbytel.com

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5

<111> year plan" filed with the FCC? (yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

**(200) Service Outage Reporting (Voice)  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	449004
-----------------------	--------

<015>	Study Area Name	CUMBY TEL COOP INC
-------	-----------------	--------------------

<020>	Program Year	2015
-------	--------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Esther Stonaker
-------	---	-----------------

**<035> Contact Telephone Number - Number of person identified in data line <030>** 9039942211 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> stonaker@cumbytel.com

<220>	<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
-------	-----	------	------	------	------	------	------	-----	-----	-----	-----	-----

[illegible]

(700) Price Offerings including Voice Rate Data  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	449004
<015>	Study Area Name	CUMBY TEL COOP INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Baether Stonaker
<035>	Contact Telephone Number - Number of person identified in data line <030>	9039942211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stonaker@cumbytel.com

<701> Residential Local Service Charge Effective Date  
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

**<a1>**

<a2>

<a3>

**<b1>**

**<b2>**

**<b3>**

**<b4>**

<b5>

CC

[illegible]

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<039> Contact Email Address - Email Address of person identified in data line <030> stonaker@cumbytel.com

<711>      <a1>      <a2>      <b1>      <b2>      <c>      <d1>      <d2>      <d3>      <d4>

[illegible]

<810>	Reporting Carrier	Cumby Telephone Cooperative, Inc.
<811>	Holding Company	N/A
<812>	Operating Company	Cumby Telephone Cooperative, Inc.

-- See attached worksheet --

**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 449004  
 <015> Study Area Name CUMBY TEL COOP INC  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Esther Stonaker  
 <035> Contact Telephone Number - Number of person identified in data line <030> 9039942211 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> stonaker@cumbytel.com

 <910> Tribal Land(s) on which ETC Serves
 

 <920> Tribal Government Engagement Obligation
 

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes  
 to confirm the status described on the attached document(s), on line 920,  
 demonstrates coordination with the Tribal government pursuant to  
 § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal  
 community anchor institutions.  
 <922> Feasibility and sustainability planning;  
 <923> Marketing services in a culturally sensitive manner;  
 <924> Compliance with Rights of way processes  
 <925> Compliance with Land Use permitting requirements  
 <926> Compliance with Facilities Siting rules  
 <927> Compliance with Environmental Review processes  
 <928> Compliance with Cultural Preservation review processes  
 <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	449004
<015>	Study Area Name	CUMBY TEL COOP INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Esther Stonaker
<035>	Contact Telephone Number - Number of person identified in data line <030>	9039942211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stonaker@cumbytel.com

Please check this box to confirm no terrestrial backhaul  
 <1120> options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers  
 <1130> broadband service of at least 1 Mbps downstream and 256 kbps  
 upstream within the supported area pursuant to § 54.313(G)

☐

**(1200) Terms and Condition for Lifeline Customers****Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	449004
<015>	Study Area Name	CUMBY TEL COOP INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Esther Stonaker
<035>	Contact Telephone Number - Number of person identified in data line <030>	9039942211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stonaker@cumbytel.com

449004tx1210.pdf

&lt;1210&gt; Terms &amp; Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

&lt;1220&gt; Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

&lt;1221&gt; Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



&lt;1222&gt; Details on the number of minutes provided as part of the plan,



&lt;1223&gt; Additional charges for toll calls, and rates for each such plan.



**(2000) Price Cap Carrier Additional Documentation****Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	449004
<015>	Study Area Name	CUMBY TEL COOP INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Esther Stonaker
<035>	Contact Telephone Number - Number of person identified in data line <030>	9039942211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stonaker@cumbytel.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐
- <2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

**Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))**

- <2012> 2013 Frozen Support Certification ☐
- <2013> 2014 Frozen Support Certification ☐
- <2014> 2015 Frozen Support Certification ☐
- <2015> 2016 and future Frozen Support Certification ☐

**Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))**

- <2016> Certification Support Used to Build Broadband ☐

**Connect America Phase II Reporting (47 CFR § 54.313(e))**

- <2017> 3rd year Broadband Service Certification ☐
- <2018> 5th year Broadband Service Certification ☐
- <2019> Interim Progress Certification ☐
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

**(3000) Rate Of Return Carrier Additional Documentation**  
**Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	449004
<015> Study Area Name	CUMBY TEL COOP INC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Bethor Stonaker
<035> Contact Telephone Number - Number of person identified in data line <030>	9039942211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	stonaker@cumbytel.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
(3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☒  
(Yes/No) ☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐  
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No) ☐ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0818 July 2013
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<010> Study Area Code	449004
<015> Study Area Name	CUMBY TEL COOP INC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Esther Stonaker
<035> Contact Telephone Number - Number of person identified in data line <030>	9039942211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	stonaker@cumbytel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 483 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	449004
<015> Study Area Name	CUMBY TEL COOP INC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Esther Stonaker
<035> Contact Telephone Number - Number of person identified in data line <030>	9039942211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	stonaker@cumbytel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) <u>Lisa A. McLaughlin</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Lisa A. McLaughlin
Name of Reporting Carrier:	CUMBY TEL COOP INC
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/30/2014
Printed name of Authorized Officer:	Karen Zimmerman
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	9039942211 ext.
Study Area Code of Reporting Carrier:	449004 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	CUMBY TEL COOP INC
Name of Authorized Agent or Employee of Agent:	Lisa A. McLaughlin
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/30/2014
Printed name of Authorized Agent or Employee of Agent:	Lisa A. McLaughlin
Title or position of Authorized Agent or Employee of Agent:	Authorized Representative
Telephone number of Authorized Agent or Employee of Agent:	5126527709 ext.
Study Area Code of Reporting Carrier:	449004 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

**(200) Service Outage Reporting (Voice)**

### Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 449004

<015>	Study Area Name	CUMBY TEL COOP INC
-------	-----------------	--------------------

<020>	Program Year	2015
-------	--------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Esther Stonaker
-------	---	-----------------

<035> Contact Telephone Number - Number of person identified in data line <030> 9039942211 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> stonaker@cumbytel.com

<220>

<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
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[illegible]

(700) Price Offerings including Voice Rate Data  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<015>	Study Area Name	CUMBY TEL COOP INC
-------	-----------------	--------------------

<030> Contact Name - Person USAC should contact regarding this data	Rather Stonaker
---	-----------------

<039> Contact Email Address - Email Address of person identified in data line <030> stonaker@cumbytel.com

1/1/2014

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[illegible][illegible]

(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	449004
-----------------------	--------

<015>	Study Area Name	CUMBY TEL COOP INC
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<020> Program Year	2015
--------------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Bether Stonaker
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<035>	Contact Telephone Number - Number of person identified in data line <030>	9039942211 ext.
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<039>	Contact Email Address - Email Address of person identified in data line <030>	atonaker@cumbytel.com
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[illegible]

### Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<810>	Reporting Carrier	Cumby Telephone Cooperative, Inc.
<811>	Holding Company	N/A
<812>	Operating Company	Cumby Telephone Cooperative, Inc.

[illegible]

(700) Price Offerings including Voice Rate Data  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 449004

<015>	Study Area Name	CUMBY TEL COOP INC
-------	-----------------	--------------------

<020>	Program Year	2015
-------	--------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Esther Stonaker
-------	---	-----------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	9039942211 ext.
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<039>	Contact Email Address - Email Address of person identified in data line <030>	stonaker@cumbytel.com
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1/1/2014

<702> Single State-wide Residential Local Service Charge

<703>

[illegible]

(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	449004
<015>	Study Area Name	CUMBY TEL COOP INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Esther Stonaker
<035>	Contact Telephone Number - Number of person identified in data line <030>	9039942211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stonaker@cumbytel.

<711>      <a1>      <a2>      <b1>      <b2>      <c>      <d1>      <d2>      <d3>      <d4>

[illegible]

### Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	449004
<015>	Study Area Name	CUMBY TEL COOP INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Esther Stonaker
<035>	Contact Telephone Number - Number of person identified in data line <030>	9039942211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stonaker@cumbytel.com
<810>	Reporting Carrier	Cumby Telephone Cooperative, Inc.
<811>	Holding Company	N/A
<812>	Operating Company	Cumby Telephone Cooperative, Inc.

[illegible]

**LINE 510 - SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION RULES COMPLIANCE**

Cumby Telephone Cooperative, Inc. (the Cooperative) complies with applicable service quality standards and consumer protection rules as required by the state regulatory commission and the Federal Communications Commission.

The rates, terms, and conditions under which the Cooperative operates are outlined in its Local Services Tariff, which is approved by the Public Utility Commission of Texas (PUCT). The Cooperative's tariff contains provisions regarding its customer service and protection practices, including resolving disputes with the Cooperative, applying for service, the classification of business and residential rates, deposits, billing and payment for service, refusal, disconnection and cancellation of service. The tariff is available for customer review in the Business Office, as requested. Rates and terms of service are disclosed to customers upon application for service both verbally and in writing as part of a packet of information for new customers. Rates, applications and certain terms of service are also available on the Cooperative's website.

Service quality standards for voice service are established by the PUCT and the Cooperative consistently meets or exceeds the standards and provides reports to the PUCT, in accordance with the state commission's rules.

With regard to broadband service, the Cooperative provisions its network and equipment to ensure that its customers can enjoy the speeds to which they subscribe. However, Internet speeds generally result from a "best effort" service and are dependent upon a number of variables, many of which are outside the control of the Cooperative.

Finally, the protection of customers' privacy and information is of utmost importance and the Cooperative has a policy and established operating procedures that comply with the FCC's Customer Proprietary Network Information Rules (47 C.F.R. §§64.2001-64.2011). Certification and a description of those operating procedures are filed at the FCC annually.

**LINE 610 - ABILITY TO FUNCTION IN EMERGENCY SITUATIONS**

Cumby Telephone Cooperative, Inc. (the Cooperative) is able to function in emergency situations. The Cooperative has a reasonable amount of back-up power to ensure functionality without an external power source. Standby power generators are supplied at the central office, remote switch sites, and repeater sites to ensure functionality without an external power source until power is restored. The network is capable of managing traffic spikes resulting from emergency situations.

The Cooperative is able to reroute traffic around damaged facilities. Although the Cooperative's ability to reroute traffic around damaged facilities is not absolute and may be limited in certain circumstances, there is a restoration plan in place for expeditious recovery of service, including splicing of damaged facilities when warranted.

**LINE 1010 – VOICE SERVICES RATE COMPARABILITY**

The Wireline Competition Bureau's most recent reasonable comparability benchmark for voice services is \$46.96, which includes the federal subscriber line charge ("SLC").<sup>1</sup>

In the exchanges served by Cumby Telephone Cooperative, Inc., the highest single-line residential local rate, including any mandatory extended area service charge, is \$13.50. When the federal SLC and the state universal service fee are added, the total is less than the reasonable comparability benchmark of \$46.96.

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<sup>1</sup> *Wireline Competition Bureau Announces Results of Urban Rate Survey for Voice Services; Seeks Comment on Petition for Extension of Time to Comply With New Rate Floor*, WC Docket No. 10-90, DA 14-384 (rel. Mar. 20, 2014), p. 2.

**LINE 1210 – TERMS & CONDITIONS OF VOICE TELEPHONY LIFELINE PLANS**

Cumby Telephone Cooperative, Inc., (the Cooperative) provides qualified Lifeline Subscribers a Federal Lifeline discount of \$9.25 applied to the Subscriber Line Charge (SLC) of \$5.00 with the remainder applied to the stand-alone residence monthly local exchange access rate and a state Lifeline discount of \$3.50. Cumby also provides an additional state discount<sup>1</sup> of \$2.95 and \$2.41. The local exchange access line rate includes an unlimited amount of local calling minutes. Additional charges for toll calls associated with the stand-alone residential access line are billed at the rates of the long distance carrier chosen by the subscriber.

Qualified Lifeline customers may also subscribe to Cumby Flex Pak or Cost Saver Entertainment Pak for Residential customers with the same reductions applied against that portion of the package rate that is for basic network service (one line only). These plans may include a long distance calling plan, internet and broadband services as well as a choice of optional services. Also, attached are the pages from the Cooperative's Telephone Services Tariff describing the local exchange access rates and terms and conditions of Lifeline service.

<sup>1</sup>See attached tariff pages

**LOCAL EXCHANGE SERVICE**

**III. LOCAL EXCHANGE SERVICE RATES AND CHARGES**

**A. Residence Monthly Local Exchange Access Rates <sup>(1)(2)</sup>**

<u>Brashear, Lone Oak, Miller Grove:</u>	<u>Monthly Rate</u>
1-Party Service	\$10.00
Additional Line	\$10.00
Expanded Local Calling Service (ELC)	\$ 3.50
Toll Restriction	\$ 1.50 <sup>(3)</sup>
Digital Subscriber Line (DSL)	\$39.95

(I)

**B. Residence Monthly Local Exchange Access Rates <sup>(1)(2)</sup>**

<u>All other exchanges:</u>	<u>Monthly Rate</u>
1-Party Service	\$10.00
Additional Line	\$10.00
Expanded Local Calling Service (ELC)	\$ 3.50
Toll Restriction	\$ 1.50 <sup>(3)</sup>
Digital Subscriber Line (DSL)	\$39.95

(I)

<sup>(1)</sup>Rates do not include a charge for an instrument or other customer premises equipment.

<sup>(2)</sup>The appropriate non-recurring charges in Section 2 apply in addition to the monthly rates.

<sup>(3)</sup>The Secondary Order Charge in Section 2 applies when adding Toll Restriction to an existing account.

**LOCAL EXCHANGE SERVICE**

**IV. LOCAL EXCHANGE SERVICE PACKAGE – Residential**

	<b>Monthly Rate <sup>(1)</sup></b>	
<b>Cumby Flex Pak</b>	<b>\$75.85</b>	
- Two Access Lines with ELC or EAS		(T)
- <b>OPTIONAL SERVICES – Pick any or All Services <sup>(3)</sup></b>		
- Call Forwarding Busy/No Answer		
- Call Block		
- Call Waiting/Cancel Call Waiting		
- Remote Access to Call Forwarding		
- Speed Dial (8 numbers)		
- Three Way Calling		
- Call Return		
- Selective Call Forwarding		
- Caller ID Name and Number		
- Anonymous Call Rejection		
- <b>LONG DISTANCE CALLING PLAN <sup>(2)(5)</sup></b>		
- Nationwide Calling – 600 minutes		
- <b>INTERNET SERVICE <sup>(4)</sup></b>		
- 2Mbps Broadband Service with Unlimited Internet Access		
- <b>UPGRADE LONG DISTANCE SERVICE FOR <sup>(2)(5)</sup></b>		
<i>Save on Personal Touch Long Distance Calling Plans</i>		
- Unlimited Nationwide Calling	\$15.00	
- <b>UPGRADE BROADBAND SERVICES TO ANY PACKAGE <sup>(4)</sup></b>		
<i>For an additional charge per month</i>		
- 4Mbps Broadband Service	\$20.00	
- 6Mbps Broadband Service	\$40.00	
- High-Speed Modem Protection	\$2.99	
- Wireless Router Equipment Charge	\$3.99	
- Email Accounts	\$2.00	

<sup>(1)</sup> Rates do not include applicable state and federal taxes. The End User Common Line Charge, as approved in the Cooperative's Interstate Access Service Tariff, National Exchange Carrier Association, Inc. Tariff FCC No. 5, is not included in the package price.

<sup>(2)</sup> Package subscribers must subscribe to Personal Touch Long Distance. Upgrade Long Distance Minutes to unlimited plan for an additional fee of \$15.00 per month.

<sup>(3)</sup> Customers can choose any or all features on one or both lines.

<sup>(4)</sup> Broadband Service is provided by Cumby Telephone. DSL/Internet Service is available on one access line. Speed for an additional monthly fee.

Upgrade to Broadband 4: \$20.00 more per month

Upgrade to Broadband 6: \$40.00 more per month

<sup>(5)</sup> Toll Calling is provided by Personal Touch Long Distance. Additional minutes above package minutes are at 10 cents per minute. Both access lines share the minutes in each calling plan. Certain restrictions apply.

**LOCAL EXCHANGE SERVICE**

**IV. LOCAL EXCHANGE SERVICE PACKAGE – Residence**

**Monthly Rate <sup>(1)</sup>**  
**\$99.95**

**Cumby Cost Saver Entertainment Package**

- Two Access Lines with ELC or EAS
- **OPTIONAL SERVICES – Pick any four features <sup>(3)</sup>**
  - Call Forwarding Busy/No Answer
  - Call Block
  - Call Waiting/Cancel Call Waiting
  - Remote Access to Call Forwarding
  - Speed Dial (8 numbers)
  - Three Way Calling
  - Call Return
  - Selective Call Forwarding
  - Caller ID Name and Number
  - Anonymous Call Rejection
- **LONG DISTANCE CALLING PLAN <sup>(2)(5)</sup>**
  - Nationwide Calling – 600 minutes
- **INTERNET SERVICE <sup>(4)</sup>**
  - 2Mbps Broadband Service with Unlimited Internet Access
- **VIDEO SERVICE**  
Includes all Local and Premium Channels
- **OPTIONAL SERVICES**  
*For an additional charge per month*
  - Email Accounts \$2.00
  - Voicemail \$1.00
- **UPGRADE BROADBAND SERVICES <sup>(4)</sup>**  
*For an additional charge per month*
  - 4Mbps Broadband Service \$20.00
  - 6Mbps Broadband Service \$40.00
  - 10Mbps Broadband Service \$60.00
  - High-Speed Modem Protection \$2.99
  - Wireless Router Equipment Charge \$3.99

<sup>(1)</sup> Rates do not include applicable state and federal taxes. The End User Common Line Charge, as approved in the Cooperative's Interstate Access Service Tariff, National Exchange Carrier Association, Inc. Tariff FCC No. 5, is not included in the package price.

<sup>(2)</sup> Package subscribers must subscribe to Personal Touch Long Distance. Upgrade Long Distance Minutes to unlimited plan for an additional fee of \$14.95 per month.

<sup>(3)</sup> Customers can choose up to four features on one or both lines.

<sup>(4)</sup> Broadband Service is provided by Cumby Telephone. DSL/Internet Service is available on one access line. Speed for an additional monthly fee.

Upgrade to Broadband 4Mbps: \$20.00 more per month

Upgrade to Broadband 6Mbps: \$40.00 more per month

Upgrade to Broadband 10Mbps: \$60.00 more per month

<sup>(5)</sup> Toll Calling is provided by Personal Touch Long Distance. Additional minutes above package minutes are at \$0.10 per minute. Both access lines share the minutes in each calling plan. Certain restrictions apply.

**LOCAL EXCHANGE SERVICE**

**II. APPLICATION OF RATES (Continued)**

**B. Lifeline Program**

The Lifeline Program is a retail local service offering designed to make telephone service available at reduced rates to qualifying low-income customers.

**1. General**

- a. A qualifying low-income customer subscribing to the Lifeline Program shall receive federal and state reductions to their monthly tariffed residential local exchange access line rate. When a Lifeline customer subscribes to a package of services, those same reductions will apply to that portion of the package rate that is for basic network service. In a two-line package, only one line will receive the Lifeline reductions.
- b. Nothing in this section shall prohibit a customer who is otherwise eligible for the Lifeline Program from obtaining and using telecommunications equipment and services designed to aid such customer in utilizing qualifying telecommunications services.
- c. The Lifeline Program rate reductions do not apply to long distance service, 976 and other information related telecommunications services, custom calling features, or other ancillary services which may or may not be tariffed. Customers may obtain these services, where available, at their discretion.
- d. The Lifeline Program rate reductions do not apply to service connection charges. (T)  
(D)  
-----  
(D)
- e. The Cooperative may not disconnect the local service of a Lifeline Program customer for the non-payment of toll charges. However, the Cooperative reserves the right to implement toll blocking, at no charge, if the customer incurs a significant balance of unpaid toll bills. The Cooperative will inform the customer, by direct mail, of this change to their service due to the customer's non-payment of toll charges. Upon the customer's payment of all outstanding toll charges, the Cooperative will remove the block without additional cost to the customer. (T)

**LOCAL EXCHANGE SERVICE**

**II. APPLICATION OF RATES (Continued)**

**B. Lifeline Program (Continued)**

**1. General (Continued)**

- f. Upon subscribing to the Lifeline Program, a customer will be offered a subscription, at no charge, to total toll blocking service or to a limit on the amount of toll calling (in exchanges where technically available); however, the customer is under no obligation to accept toll blocking upon initial subscription to the Lifeline Program. (T)
- g. The Cooperative will provide Customers who apply for or receive Lifeline service access to available vertical services or custom calling features, including Caller ID, Call Waiting, and Call Blocking, at the same price as its other Customers pay, provided that the Cooperative has the capability to provide such services. (T)
- h. The Lifeline Program rate reductions will not be available on a retroactive basis unless approved by the Public Utility Commission of Texas or the Low-Income Discount Administrator (LIDA). (T)

**2. Designated Lifeline Program Services**

The Cooperative shall offer telephony services that provide the following functionalities as designated Lifeline Program services: (T)

- a. Voice grade access to the public switched network or its functional equivalent;
- b. Minutes of use for local service provided at no additional charge to the customer;
- c. Access to emergency services;
- d. Toll blocking services. (T)

**LOCAL EXCHANGE SERVICE**

**II. APPLICATION OF RATES (Continued)**

**B. Lifeline Program (Continued)**

**3. Eligibility Requirement**

**a. Qualifying Low-income (Eligible) Customer Criteria**

An eligible customer shall be defined as an individual who participates in one of the following programs:

- 1) Medicaid
- 2) Food Stamps (Supplemental Nutrition Assistance Program) (T)
- 3) Supplemental Security Income (SSI)
- 4) Federal Public Housing Assistance (FPHA)
- 5) Low-Income Home Energy Assistance Program (LIHEAP)
- 6) State Child Health Plan (CHIP)
- 7) National School Lunch Program's Free Lunch Program (N)
- 8) Temporary Assistance for Needy Families (N)

The Lifeline Program rate reductions will be provided per eligible customer. The Low-Income Discount Administrator (LIDA) will provide a list of eligible customers to the Cooperative.

**b. Obligations of the Customer**

- 1) Customers whose annual household income is at or below 150% of the federal poverty guidelines but do not receive benefits under Medicaid, Food Stamps, SSI, FPHA, LIHEAP and the CHIP programs may provide the LIDA with self-enrollment for Lifeline Program benefits. LIDA can be reached at 1-866-4LITEUP.
- 2) Current customers receiving benefits under these programs will be subject to the Lifeline Program automatic enrollment procedures as provided by the LIDA unless they provide a written request to the LIDA to be excluded from the Lifeline Program.
- 3) A customer who is eligible for the Lifeline Program, but does not have telephone service shall be responsible for initiating a request for the Lifeline Program from the Cooperative.

**c. Obligations of the Cooperative**

- 1) LIDA will provide a list of eligible customers to the Company on a monthly basis. Upon receipt of the list, the Company shall begin reduced billing for those customers within 30 days.

**LOCAL EXCHANGE SERVICE**

**II. APPLICATION OF RATES (Continued)**

**B. Lifeline Program (Continued)**

3. Eligibility Requirement (Continued)

d. Discontinuance of Service

- 1) Discontinuance of Lifeline Discounts for customers automatically enrolled: The eligibility period for automatically enrolled customers is the length of their enrollment in TDHS benefits plus a period of 60 days for renewal. Automatically enrolled customers will have an opportunity to renew their TDHS benefits or self-enrollment with LIDA upon the expiration of their automatic enrollment. (T)
- 2) Discontinuance of Lifeline Discounts for customers who have self-enrolled: Individuals not receiving benefits through TDHS programs, but who have met Lifeline income qualifications, are eligible to receive the Lifeline Discount for seven months, which includes a period of 60 days during which the customer may renew their eligibility with LIDA for an additional seven months. (T)

4. Deposit and Credit Requirements

The Cooperative will not charge a service deposit in order to initiate the Lifeline Program if the eligible customer voluntarily elects to receive toll blocking.

**LOCAL EXCHANGE SERVICE**

**II. APPLICATION OF RATES (Continued)**

**B. Lifeline Program (Continued)**

**4. Deposit and Credit Requirements (Continued)**

- b. The Cooperative may charge a service deposit if the eligible customer denies subscription to toll blocking upon subscribing to the Lifeline Program.
- c. In instances where the Cooperative may require a service deposit, the same credit verification procedures and deposit regulations used for all applicants who apply for service with the Cooperative are also applicable to eligible customers for the Lifeline Program.

**5. Service Connection Charges**

- a. Service connection charges do not apply to eligible customers with existing, qualifying service converting to the Lifeline Program.
- b. Service connection charges do apply when:
  - 1) Existing eligible customers requesting additional non-qualifying services at the time Lifeline Program reduced billing is initiated.
  - 2) New customers (those without existing local exchange access service) eligible for the Lifeline Program and establishing qualifying service.
  - 3) Any subsequent moves or changes after initial connection to the Lifeline Program.

(D)  
|  
|  
(D)

**LOCAL EXCHANGE SERVICE**

**II. APPLICATION OF RATES (Continued)**

**B. Lifeline Program (Continued)**

6. Lifeline Program Rate Reduction

a. Implementation

The Cooperative shall provide reduced billing for all Lifeline Program eligible customers within its service area in accordance with the Commission's Substantive Rules.

(T)(D)  
(D)

In instances where the customer inquires about participation in the Lifeline Program, the Cooperative shall provide contact information for LIDA.

(T)(D)

(D)

**LOCAL EXCHANGE SERVICE**

**II. APPLICATION OF RATES (Continued)**

**B. Lifeline Program (Continued)**

**6. Lifeline Program Rate Reduction (Continued)**

**b. Amounts**

The Cooperative shall apply Lifeline Program rate reductions, per eligible customer, as described below.

		<u>Monthly Rate Reduction</u>		
1)	Federal Reduction <sup>1</sup>	\$9.25		(C)
2)	Maximum State Reduction to Residential Local Exchange Access Line Rate	\$3.50		
3)	Additional State Reduction To Residential Local Exchange Access Line Rate*	<u>Verizon</u>	<u>Sprint/ CenturyLink</u>	(T)
		\$2.95	\$2.41	(C)

<sup>1</sup>See 47 C.F.R. Section 54.403

\*TUSF Settlement Docket No. 40521

(C)